

ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

INSTALLATION'S EPA I.D. NO.	MOD009738147
I. NAME OF INSTALLATION	SCHUMANN RAY & ASSOCIATES*
II. INSTALLATION MAILING ADDRESS	5464 HIGHLAND PARK DR ST LOUIS, MO 63110
III. LOCATION OF INSTALLATION	5464 HIGHLAND PARK DR ST LOUIS, MO 63110

**FOR OFFICIAL USE ONLY**

C															COMMENTS														
C																													
15 16															55														
INSTALLATION'S EPA I.D. NUMBER															APPROVED					DATE RECEIVED (yr., mo., & day)									
S															T/A C														
F MOD000973814731																				800818									
1 2 T 13 14 15															16					17 - 22									

### I. NAME OF INSTALLATION

[illegible]

## II. INSTALLATION MAILING ADDRESS

[illegible]

### III. LOCATION OF INSTALLATION

		STREET OR ROUTE NUMBER																														
C																																
5																																
15	16																					45										
																						CITY OR TOWN					ST.			ZIP CODE		
C																																
6																																
15	16																					40	41	42	47							

#### IV. INSTALLATION CONTACT


NAME AND TITLE (last, first, & job title)													PHONE NO. (area code & no.)				
C	SCHUMANN JAMES TREASURER													314-531-6951			
15	2													45 46 - 48 49 - 51 52 - 55			

## V. OWNERSHIP

[illegible]

**B. TYPE OF OWNERSHIP**  
(enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
	<input type="checkbox"/> 57 A. GENERATION	<input type="checkbox"/> 58 B. TRANSPORTATION (complete item VII)
 RC	<input checked="" type="checkbox"/> 59 C. TREAT/STORE/DISPOSE	<input type="checkbox"/> 60 D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION** (*transporters only – enter “X” in the appropriate box(es)*)

☐ <sup>61</sup> A. AIR      ☐ <sup>62</sup> B. RAIL      ☐ <sup>63</sup> C. HIGHWAY      ☐ <sup>64</sup> D. WATER      ☐ <sup>65</sup> E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ **A. FIRST NOTIFICATION**

☐ **B.**



**C. INSTALLATION'S EPA I.D. NO.**

## IX. DESCRIPTION OF HAZARDOUS WASTE

Please go to the reverse of this form and provide the r



R00129132

RCRA RECORDS CENTER

I.D. FOR OFFICIAL USE ONLY												
S	1	2	3	4	5	6	7	8	9	10	11	T/A/C
W	M	O	D	0	0	9	7	3	8	1	4	7
1	2	3	4	5	6	7	8	9	10	11	12	13

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F003 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K030 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 4031 23 - 26	32 4042 23 - 26	33 4210 23 - 26	34 4186 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

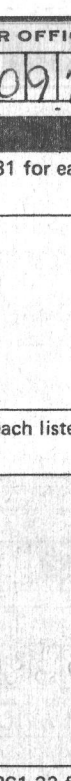
☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Treasurer	DATE SIGNED 8/15/10
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